ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or rate level p	produced by rate revision effective	10-15-07 NB, 11-15-07 Ren.
(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>
Automobile Liability Private		
Passenger Commercial	· · · · · · · · · · · · · · · · · · ·	
Automobile Physical Damage Private Passenger Commercial		
2 Elektrick Other Them Alice		
4. Burglary and Theft		
F Class		
6. Fidelity		
7. Surety		
9 Poilor and Machinery		
0 Eiro		
40 E. () I. (O.)		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril	3,217,087	+1.1%
15. OtherLine of Insurance		
Line of Insurance		
Does filing only apply to certain territory (territ	tories) or certain classes? If so, specif	y: <u>N/A</u>
Brief description of filing. (If filing follows rates We are filing to adpt revised rates for indeper		organization):
*Adjusted to reflect all prior rate changes. **Change in Company's premium level which	will result from application of new rate	es.
	AMC	O Insurance Company
		Name of Company
	Marie Safree	d, State Filing Specialist
		Official - Title

DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR RECEIVED

JUN 1 9 2007

SPRINGFIELD, ILLINOIS

	Change in Company's prevision effective	premium or rate level produced by rate September 1, 2007	
	(1)	(2) Annual Premium	(3) Percent
	<u>Coverage</u>	Volume (Illinois)*	Change (+or-)**
1.	Automobile Liability		
••	Private Passenger		
	Commercial		
2.	Automobile Physical		
	Damage		
	Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire	\$682	-19.54%
10.	Extended Coverage	\$397	-4.99%
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril	\$400,338	-14.87%
14.	Crop Hail		
15.	Other		
	Line of Insurance		
	s filing only apply to certain te statewide.	erritory (territories) or certain classes	? If so, specify:
.	C 2 (15.51).	- fallana natar of an advisami argania	ation analyte arganization):
A do	i description of filing. (II filii	ng follows rates of an advisory organize company loss cost multipliers.	ation, specify organization f .
Auo	pt 150 Loss Costs and Tevise C	company loss cost multiplicis.	-AUGO REAL)
* A	djusted to reflect all prior rate	changes	
	Change in Company's premium	-	
	esult from application of new		
_		American Fire	and Casualty Company
	DIVISION OF INSURANCE	E Nam	e of Company
	DIVISION OF INSURANC STATE OF ILLINOIS/IDEPR	Joe Allen, Pro	oduct Staff Underwriter
		Of	ficial - Title
	JUN 2 1 2007		
		6	

Form	(RF	-3)
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Form (RF-3)	SUMMARY SHEET	DIVISION OF INSURANCE STATE OF ILLINOIS/IDFPR RECEIVED
	premium or rate level produced by rate	JUN 2 1 2007
revision effective	September 1, 2007	SPRINGFIELD, ILLINOIS
(1)	(2) Annual Premium	Percent
Coverage	Volume (Illinois)*	Change (+or-)**
 Automobile Liability Private Passenger Commercial Automobile Physical Damage 		
Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril	\$1,572,119	+1.928%
14. Crop Hail		
15. Other		
Line of Insurance		
Does filing only apply to certain te No, statewide.	rritory (territories) or certain classes ?	If so, specify:
D: 61	- fallows set of or advisor or animal	ion angolfy organization):
Revise package modification facto	ng follows rates of an advisory organizat	ion, specify organization):
Revise package meaniemen racio		
* Adjusted to reflect all prior rate ** Change in Company's premium result from application of new	level which will rates.	nd Casualty Company
		of Company
		uct Staff Underwriter
		cial - Title
	Oili	VIG. 1100

	Change in Company's prevision effective		e level produced by rate per 1, 2007	STATE OF ILLINOIS/IL
	(1) Coverage	(2) Annual Pren Volume (Illin	nium	(3) JUN 2 1 2007 Percent Change (SOF)**
1.	Automobile Liability Private Passenger			LINC
	Commercial			
2.	Automobile Physical		 	
	Damage			
	Private Passenger			
	Commercial 664			
3.			\$124,951	+2.00%
4.	Burglary and Theft			
5.	Glass			
6.	Fidelity			
7.	Surety			
8.	Boiler and Machinery			
9.	Fire		<u> </u>	
10.	Extended Coverage			
11.	Inland Marine			
12.	Homeowners			
13.	Commercial Multi-Peril		\$1,171,781	+1.70%
14.	4		, a	
15.	Other			
	Line of Insurance			
	s filing only apply to certain to statewide.	erritory (territo	ories) or certain classes	? If so, specify:
Ado	f description of filing. (If filing the second of the sec			zation, specify organization): on. Revise loss cost
mun	mbuere:			
** (djusted to reflect all prior rate Change in Company's premium result from application of new	ı level which w	vill	
			American Fire	e and Casualty Company
				ne of Company
				oduct Staff Underwriter
		•	0	fficial - Title

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Cha	ange in Company's premium or rate level produce	d by rate revision effective	12/01/07
	(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>
2.	Automobile Liability Private Passenger Commercial Automobile Physical Damage Private Passenger Commercial Liability Other Than Auto		
4. 5. 6.	Burglary and Theft Glass Fidelity Surety		
8. 9. 10. 11,	Boiler and Machinery Fire Extended Coverage Inland Marine		
13. 14.	Homeowners Commercial Multi-Peril (Ultraflex) Crop Hail Other	\$ 8,747,837	0.1%
	Line of Insurance es filing only apply to certain territory (territories) o esses eligible for each Enhancement Endorsement		Yes, applicable only to
Brie	ef description of filing. (If filing follows rates of an a Revised Coverage and Price for 11 Ultraflex Enl		ization):
*A:	djusted to reflect all prior rate changes. change in Company's prefix ON ON ILLINOIS/IDEPRIOR ILLINOIS	Erie Insurand	
	JUN 2 6 2007 SPRINGFIELD, ILLINOIS	Ross C. Fonticella, ACAS, MAA	
	L	Vice President and Manager Official -	Title

	50	ILLINOIS	<u>ADMINISTRATIVE</u>	CODE
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CHAPTER I, § 754 SUBCHAPTER i

Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

SUMMARY SHEET

DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR

JUN 2 1 2007

SPRINGFIELD, ILLINOIS

(1)	(2) Annual Premium	(3) Percent
Coverage	Volume (Illinois)*	<u>Change (+ or -)**</u>
Automobile Liability Priv	vate	
Passenger		0.00%
Commercial		0.00%
Automobile Physical Damag	e	
Private Passenger	, -	0.00%
Commercial		0.00%
Liability Other Than Auto)	0.00%
Burglary and Theft		0.00%
Glass		0.00%
Fidelity		0.00%
Surety		0.00%
Boiler and Machinery		0.00%
Fire		0.00%
Extended Coverage		0.00%
Inland Marine		0.00%
Homeowners		0.00%
Commercial Multi-Peril	\$858,334	-10.50%
Crop Hail		0.00%
Other		0.00%
Life of Insurance		
Does filing only apply to classes? If so, specify	certain territory (territo	ries) or certain
organization, specify organization organizat		es of an advisory ry construction rate relativity to match
Decrease base rates (-5% for property, -2	5% for liability).	

Middlesex Mutual Assurance Company

Name of Company

FILED

David Watson, ACAS - Specialty. Markets Actuary MAR 1 7 1983

SUMMARY SHEET

	Change in Company's revision effective		rate level produced by ra ember 1, 2007	te
	(1) <u>Coverage</u>	Annual I Volume ((3) Percent Change (+or-)**
1.	Automobile Liability			
	Private Passenger			
2	Commercial Automobile Physical			
۷.	Damage			
	Private Passenger			
	Commercial			
3.				
4.	Burglary and Theft		"	
5. 6.	Glass Fidelity			
7.	Surety	 -		
8.	Boiler and Machinery			
9.	Fire		\$37,565	-16.18%
10.	Extended Coverage		\$25,473	-14.31%
11.	Inland Marine			
12.	Homeowners			
13.	Commercial Multi-Peril		\$823,853	-11.33%
4.	Crop Hail			
15.	Other Line of Insurance	 		
	Line of misurance			
	s filing only apply to certain te statewide.	rritory (ter	ritories) or certain classes	s? If so, specify:
	f description of filing (If filing	o follows r	ates of an advisory organ	ization, specify organization):
	pt ISO Loss Costs and revise c			
		,		
	djusted to reflect all prior rate change in Company's premium	_	ı will	
	esult from application of new		1 44111	
-			The Ohio Cas	sualty Insurance Company
			Nai	ne of Company
	DIVISION OF INSU	RANCE		roduct Staff Underwriter
	STATE OF ILLINOIS/	IDFPR	C	Official - Title
	JUN 2 1 200			
	·· ~ 1 20t	"		

SPRINGFIELD, ILLINOIS

Forn	n (RF-3)	SUMMARY SHEET	DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR RECEBVED
	Change in Company's revision effective	premium or rate level produced by	JUN 2 1 2007
	revision effective	September 1, 2007	SPRINGFIELD, ILLINOIS
	(1)	(2) Annual Premium	(3) Percent
	Coverage	Volume (Illinois)*	Change (+or-)**
1.	Automobile Liability Private Passenger Commercial		
2.	Automobile Physical Damage Private Passenger		·
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril	\$1,967,824	+0.331%
14.	Crop Hail		
15.	Other		
	Line of Insurance		
	s filing only apply to certain to statewide.	erritory (territories) or certain clas	sses? If so, specify:
R _{rio}	f description of filing (If fili	ng follows rates of an advisory org	vanization enecify organization):
	se package modification factor		amzanon, specify organization):
1001	se package modification fack		
** C	djusted to reflect all prior rate hange in Company's premiun esult from application of new	n level which will rates.	
			Casualty Insurance Company
			Name of Company
		Joe Allen	, Product Staff Underwriter
			Official - Title

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Form (RF-3	١
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DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR RECEIVED
JUN 2 1 2007

	Change in Company's	premium or rate level produced by rate	1
	revision effective	September 1, 2007	SPRINGFIELD, ILLINOIS
	(1)	(2)	(3)
		Annual Premium	Percent
	Сочетаде	Volume (Illinois)*	Change (+or-)**
1	Automobilo Liebilita		
1.	Automobile Liability		
	Private Passenger		
_	Commercial		
2.	Automobile Physical		
	Damage		
	Private Passenger		
_	Commercial C6L		
	Liability Other Than Auto	\$350,056	+8.58%
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril	\$1,143,971	+6.86%
14.	Crop Hail		
15.	Other	· · · · · · · · · · · · · · · · · · ·	
	Line of Insurance		
Does	filing only apply to certain to	erritory (territories) or certain classes?	If so, specify:
No,	statewide.		· ·
Brie	f description of filing. (If fili	ng follows rates of an advisory organiza	tion, specify organization):
Ado	ot ISO Loss Costs, ILF, territo	ory definitions. Revise payroll limitation	n. Revise loss cost
	ipliers.		
* A	djusted to reflect all prior rate	changes.	
** C	hange in Company's premium	level which will	
	esult from application of new		
		The Ohio Casua	lty Insurance Company
			of Company
			duct Staff Underwriter
			icial - Title

Form	(RF	-3)
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Form	ı (RF-3)	SUMMARY SHEET	DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR
	Change in Company's revision effective	premium or rate level produced by rate September 1, 2007	JUN 2 1 2007
	(1)	(2) Annual Premium	SPRINGFIELD, ILLINOIS
	Coverage	Volume (Illinois)*	Change (+or-)**
1.	Automobile Liability		
	Private Passenger		
	Commercial		
2.	Automobile Physical		
	Damage		
	Private Passenger		
	Commercial CGL		
3.	Liability Other Than Auto	\$332,464	+0.47%
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril	\$1,484,111	+4.21%
14.	Crop Hail		
15.	Other		
	Line of Insurance		
Does	e filing only apply to certain t	erritory (territories) or certain classes?	If so specify:
	statewide.	emory (termories) or certain classes.	11 30, 3pecity .
1,0,	state Wide.		,
Brief	f description of filing (If fili	ing follows rates of an advisory organizat	ion_specify organization):
Ado	nt ISO Loss Costs. ILF, territe	ory definitions. Revise payroll limitation	. Revise loss cost
	ilpliers.		
* A	djusted to reflect all prior rate	changes.	
	hange in Company's premiun		
	esult from application of new		
			Insurance Company
		Name	of Company
			uct Staff Underwriter
		Offi	cial - Title

Form	(RF-3)	SUMMARY SHEET			
	(,		DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR		
	Change in Companyle	premium or rate level produced b			
	revision effective	September 1, 2007	_ JUN 2 1 2007		
	(1)	(2)	(3)		
	Coverage	Annual Premium Volume (Illinois)*	SPRINGFIELDENLLINOIS Change (+or-)**		
1.	Automobile Liability				
	Private Passenger				
_	Commercial				
2.	Automobile Physical				
	Damage				
	Private Passenger				
	Commercial				
3.	Liability Other Than Auto				
4.	Burglary and Theft				
5.	Glass				
6.	Fidelity				
7.	Surety				
8.	Boiler and Machinery		·		
9.	Fire				
10.	Extended Coverage				
11.	Inland Marine				
12.	Homeowners				
13.	Commercial Multi-Peril	\$2,762,034	+2.612%		
14.	Crop Hail				
15.	Other				
15.	Line of Insurance				
	Line of misurance				
Door	filing only apply to certain to	erritory (territories) or certain cl	asses ? If so specify:		
	statewide.	criticity (territories) or contain e	addoo. If oo, opening.		
100, 8	tatewide.				
D : 6	Association of Elina (16 Eli	no follows rotos of an advisory o	rganization, specify organization):		
			iganization, specify organization).		
Revise package modification factors.					
			- Pro-		
	1'	ahan sas			
* Adjusted to reflect all prior rate changes.					
** Change in Company's premium level which will					
r	esult from application of new		American Insurance Company		
		west P			
		To 5 A 11	Name of Company		
		Joe All	en, Product Staff Underwriter		
			Official - Title		

SUMMARY SHEET

	Change in Company's prevision effective	September 1, 2007	te
	(1)	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+or-)**
	<u>Coverage</u>	Volume (minois)	Change
1.	Automobile Liability		
	Private Passenger		
	Commercial		
2.	Automobile Physical		
	Damage Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery	\$17.050	-16.92%
	Fire Extended Coverage	\$17,959 \$10,368	-15.59%
10. 11.	Inland Marine	Ψ10,300	
12.			
13.		\$1,277,922	-18.67%
14.	Crop Hail		
15.			<u> </u>
	Line of Insurance		
_	C1: 1 1 4		s 2 If so specify:
	s filing only apply to certain to statewide.	erritory (territories) or certain classe	s: It so, specify.
NU, a	statewide.		
Brie	f description of filing. (If filing.	ng follows rates of an advisory organ	ization, specify organization):
Adoj	pt ISO Loss Costs and revise of	company loss cost multipliers. (C	F-2006-RLAD
	V 4 14 0 0 4 11 11 11 11 11 11	-1	
	djusted to reflect all prior rate hange in Company's premium		
	esult from application of new		
٠	obait from approved		ican Insurance Company
	DIVISION OF INSURAN		me of Company
	STATE OF ILLINOIS/IDEPE	Joe Allen, F	Product Staff Underwriter
		-	Official - Title
	JUN 2 1 2007		

SPRINGFIELD, ILLINOIS